

SAMHSA'S
Co-Occurring Center for Excellence (COCE)

Management of Patients with Severe Mental Illness and Substance Use Disorder

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Brief History

- Prior to 1995, few controlled studies
- Currently over 30 controlled studies, mix of RCTs and QE studies
- Overview of integrated treatment
- Specific interventions

Individual Therapies

- Four studies of Motivational Counseling
 - The only stand-alone intervention tested
 - 2 single session interventions
 - 2 brief interventions
 - Combined with other interventions

Group Therapies

- Seven studies
 - 1 study of 6 stage-wise sessions
 - 1 study of 7 months stage-wise sessions
 - 2 studies of CBT relapse prevention
 - 3 studies comparing models

Family Therapies

- No studies of family intervention alone
- Component of several studies

Structural Interventions

- Seven studies of assertive community treatment or intensive case management
- No studies of day treatment or intensive outpatient programs

Procedural Interventions

- Several within subject controlled studies of contingency management
- One RCT of contingent management of benefits

Residential Interventions

- Ten controlled studies of residential interventions

Rehabilitation Interventions

- No stand-alone studies

Pharmacologic Interventions

- Five quasi-experimental studies of clozapine for schizophrenia/SUD
- Three studies of valproic acid for bipolar/SUD
- Several studies of antidepressants
- Small studies of naltrexone and disulfiram
- No studies of opioid replacement
- No studies of benzodiazepines

Principles

- Integration
- Stage-wise treatment
- Engagement
- Motivational counseling
- Active treatment
- Relapse prevention
- Brief interventions

Principles (continued)

- Long-term retention
- Comprehensive services
- Interventions for non-responders

Limits

- Few replications
- Little consistency of designs, interventions, outcomes, length
- Heterogeneity
- Attrition
- Assessment of substance abuse
- Different contexts

Key Questions

- Refining and testing standardized interventions
- Sequencing and combining interventions
- A relevant typology of patients
- Transforming systems of care